DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **AUTOMATIC PROMPTING FOR PRINTER INK REFILL** the specification of which __X__ is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/238,581	10/06/00

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

George B. F. Yee, Reg. No. 37,478
Chun-Pok Leung, Reg. No.
Philip H. Albert, Reg. No. 35,819

Send Correspondence to: **Chun-Pok Leung** **TOWNSEND and TOWNSEND and CREW LLP** **Two Embarcadero Center, 8th Floor** **San Francisco, California 94111-3834**		Direct Telephone Calls to: (Name, Reg. No., Telephone No.) Name: Chun-Pok Leung Reg. No.: 41,405 Telephone: 650-326-2400		
Full Name of Inventor 1:	Last Name: **ISTVAN**	First Name: **ANTHONY**	Middle Name or Initial: **F.**	
Residence & Citizenship:	City: **Snoqualmie**	State/Foreign Country: **Washington**	Country of Citizenship: **United States**	
Post Office Address:	Post Office Address: **7213 Chanticleer Avenue SE**	City: **Snoqualmie**	State/Country: **Washington**	Postal Code: **98065**

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1

Anthony F. Istvan

Date